

Artist Corporal Gustave K. Carlgren (Please print plainly)

Telephone No. _____ Address 11706 Shadeland Ave.

Please Enclose Registration Fee of \$1.00 (Check or Money Order) With Entry Blank

Permission to print prices on labels granted unless declined here

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 3 to April 10 (except Sunday).

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